

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035347
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 80

FILED SEP 26 1962

VS 300
Rev. 4/59

10560
20560

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEWISTOWN		c. CITY OR TOWN LEWISTOWN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXX		d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXX	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARSHALL LAFAYETTE PLESS		4. DATE OF DEATH Month Day Year SEPTEMBER 19, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/18/98
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOISTING ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
11. BIRTHPLACE (City and state or country) BLAIRSVILLE, GEORGIA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME SEABURN A. PLESS		13b. MOTHER'S MAIDEN NAME SARAH A. BOWLING	
14. NAME OF HUSBAND OR WIFE GLADYS PLESS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W. W. I	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address GLADYS PLESS, LEWISTOWN, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) occasional Attack Malaria, Heart Valve operation 1960			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21. I attended the deceased from 17 Sept 62 to 19 Sept 62 and last saw him alive on 19 Sept 62 Death occurred at 10:10 pm. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John W. Wills. D.O.		22b. ADDRESS Lewistown, Mo	
22c. DATE SIGNED 20 Sept 62		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 9/22/62		23c. NAME OF CEMETERY OR CREMATORY LEWISTOWN	
23d. LOCATION (City, town, or county) LEWISTOWN, MISSOURI		23e. DATE RECD. BY LOCAL REG. 9-21-62	
23f. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd		23g. FUNERAL DIRECTOR Charles L. Arnold, Jr.	
23h. ADDRESS LEWISTOWN, MO.		23i. DATE RECD. BY LOCAL REG. 9-21-62	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 17 1962

SEP 27 1962

JUN 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.